

**REVIEW
OF THE
NATIONAL PROGRAM
TO
PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS
IN
UKRAINE**

EXECUTIVE SUMMARY

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ACRONYMS AND ABBREVIATIONS

AIHA	American International Health Alliance
ANC	Antenatal care
ARV	Antiretroviral
AZT	Zidovudine (Azidothymidine)
BCG	Bacillus of Calmette and Guérin (tuberculosis immunization)
CCM	Country coordinating mechanism
CIS	Commonwealth of Independent States
DFID	Department for International Development, United Kingdom
DNA	Deoxyribonucleic acid
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IEC	Information, education, and communication
IR	Intermediate Result
JICA	Japanese International Cooperation Agency
JSI	John Snow, Inc.
MCH	Maternal and child health
MOH	Ministry of Health
MTCT	Mother-to-child transmission
MSF	Médecins Sans Frontières (Doctors Without Borders)
NGO	Nongovernmental organization
Oblast	Provincial administrative unit
PATH	Program for Appropriate Technology in Health
PCR	Polymerase chain reaction (test to detect HIV directly)
PLWHA	Persons living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
RH	Reproductive health
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

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CURRENT ACTIVITIES AND STRATEGIES

Ukraine is experiencing an HIV epidemic that is particularly affecting vulnerable groups, including injecting drug users. As the epidemic has spread, an increasing number of women have been infected, which in turn has led to an increasing number of children infected as a result of mother-to-child transmission (MTCT). In 2001, the Ukraine government introduced a strategy aimed at preventing MTCT by integrating prevention of mother-to-child transmission (PMTCT) activities into existing health services (MOH 2001). In 2003, a participatory review of this PMTCT program was conducted (Zhilka 2003; Malyuta 2003). In addition, the United States Agency for International Development (USAID) drafted a strategy for its support to HIV/AIDS activities in Ukraine from 2003 to 2008, which included PMTCT activities within the first of three Intermediate Results (IRs) (USAID 2003a). The main purpose of this current review is to provide advice to USAID on the kind of PMTCT activities and services that might be supported under that strategy.

KEY FINDINGS

- Although there is a national policy commitment to PMTCT, this is not always matched with the delivery of local services.
- PMTCT services are highly medical in nature, with limited opportunities for users/clients to influence the types and methods of service delivery.
- PMTCT activities are formally integrated within maternal and child health services. However, there is less evidence of integration with primary HIV prevention or reproductive health services.
- PMTCT service provision is not coordinated among different service providers.
- There are serious shortages of antiretroviral drugs and other essential commodities that undermine and threaten the ability to provide effective PMTCT services.
- There is extremely widespread stigma and discrimination towards persons living with HIV/AIDS (PLWHA) and members of vulnerable groups, even among health professionals.

PRIORITIES FOR ACTION

Priority areas for action match the key findings of the review.

- There is a need for support to delivery of local services in addition to ongoing support to national policy development.
- There is a need for services to be much more client focused. This could be achieved by targeted support to nongovernmental organizations (NGOs) and PLWHA to provide nonmedical interventions that are inclusive of all PLWHA and that are

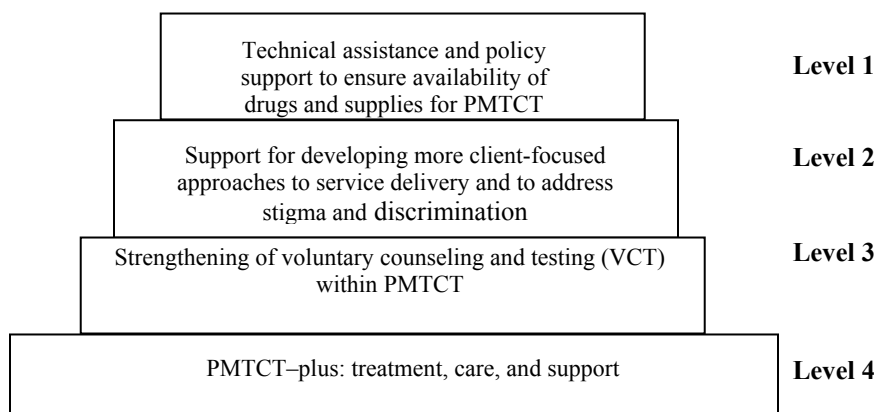
focused on vulnerable groups as well as those excluded from antenatal (ANC) services.

- PMTCT activities should have greater focus on and linkages with activities to prevent HIV infection as well as reproductive health services.
- Activities are needed to improve coordination of PMTCT activities both nationally and locally.
- Urgent action is needed to ensure a reliable and sustainable supply of antiretroviral drugs to ensure effective PMTCT services.
- All training of health staff should include a strong focus on tackling stigma and discrimination and promoting positive attitudes towards PLWHA and members of vulnerable groups, and not simply provision of professional/technical skills.

RECOMMENDATIONS FOR USAID ASSISTANCE

The level to which USAID can assist with Ukraine's PMTCT activities will depend on the level of resources available. Four levels of priority are proposed.

Suggested Priority Levels for USAID Assistance to PMTCT in Ukraine



Level 1 focuses on providing technical assistance and support for policy development to ensure the availability of drugs and supplies for PMTCT. Priority items in this area would include antiretroviral drugs, HIV antibody test kits, and family planning supplies. Promotion of adoption of World Health Organization (WHO) standards could be a key focus of this approach. This is not a recommendation for USAID to provide PMTCT drugs, but rather to assist with the development of a sustainable system. A reliable, sustainable supply system is essential for prevention of mother-to-child transmission. Level 2 focuses on support for developing a more client-focused approach to services by targeting assistance to NGOs, including PLWHA support groups, in addition to addressing a way of tackling the key issue of stigma and discrimination. It is likely that levels 1 and 2 could be supported with current levels of resources.

Level 3 focuses on strengthening VCT services within the context of PMTCT. Level 4 relates to PMTCT-plus, that is, the provision of treatment, care, and support for HIV-positive women and children. Significant commitments to levels 3 and 4 could require additional resources.



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